STATE OF TENNESSEE COUNTY OF SHELBY

KIMBERLY HARRISON , BEING SWORN, DEPOSES THAT SHE/HE IS EMPLOYED BY METHODIST HEALTHCARE AND THAT SHE/HE IS AUTHORIZED TO MAKE THIS AFFIDAVIT, THAT THE AMOUNT OF THE ACCOUNT IS TAKEN FROM THE ORIGINAL BOOKS OF ENTRY OF THE CORPORATION AND THAT UPON INFORMATION AND BELIEF THE BALANCE OF

CLIENT NAME ACCOUNT# SERVICED AMOUNT BALANCE
METHODIST HEALTHCARE SOUTH ER08961088 03/15/04 100.00 100.00
METHODIST HEALTHCARE UNIVERSITY IP38387691 07/02/07 12019.00 12019.00

SHOWN DUE IS TRUE AND CORRECT, THAT THE SAID BALANCE WITH INTEREST THEREON IS JUSTLY DUE AND OWING TO METHODIST HEALTHCARE FROM CARRIE M BARRETT AND THAT NO PAYMENTS HAVE BEEN MADE, EXCEPT THOSE PRIOR TO THIS AFFIDAVIT

STATE
OF
TENNESSEE
NOTARY
PUBLIC

SHELBY COUNTY

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS ______ DAY OF

MY COMMISSION EXPIRES

OMMISSION EXPIRES: March 17, 2010